



# **Culver-Stockton College Volleyball Camp**

**Where: Culver-Stockton College  
Charles Field House**

**When: June 1-3, 2009**

**9:30 A.M.—2:00 P.M.**

**Cost: \$15 per day or \$40 for all 3 days**

**Individual skills training for:**

- \* Setters**
- \* Middle Hitters**
- \* Outside Hitters**

**Lunch will be provided.**

APPLICATION FORM (Please Print)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade you will be in Fall 2010 \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Position \_\_\_\_\_ E-mail \_\_\_\_\_

School System \_\_\_\_\_

I hereby release Culver-Stockton College and its employees from all claims on account of any injury which may be sustained by my child as a result of participating in the C-SC Volleyball Camps. Furthermore, I certify that within the past year my child has had a physical examination and that she (he) is physically able to participate in volleyball activities. In the event of illness or injury, I hereby give consent for medical treatment and permission to the attending physician to hospitalize, secure proper treatment, and order injections, anesthesia, or surgery.

Parent Signature \_\_\_\_\_ Work Phone \_\_\_\_\_ Home  
Phone \_\_\_\_\_

Family Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

PLEASE NOTE ANY MEDICAL CONDITION OF WHICH WE SHOULD BE AWARE.

\_\_\_\_\_  
\_\_\_\_\_

Roomate Preference (list one only/ NOT Guaranteed)

\_\_\_\_\_

Session: June 1-3, 2009 / 9:30 AM – 2:00 PM

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Complete and mail with check one week prior to camp date to Wildcat Camps, Culver-Stockton College, Canton, MO 63435

Make Checks Payable to Culver-Stockton College Volleyball